Approved for use through 7/31/2006. OMB 0851-0032
U.S. Petent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to reapond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-876 -427 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (1) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(L), (1), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(1)) minus 20 . OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) ninus 3 « If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(s)) additional 50 sheets or fraction fliereof. Sec. 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(i)) " If the difference in column 1 is less than zero, enter 10" in culumn ? TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) OH (Column 2) (Catumn 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE IS: ADD: RATE (\$) ADDI AFTER PREVIOUSLY ENT EATRA TIONAL FEE (S) FIONAL AMENDMENT PAID FOR FEE (\$) Total (17 CR + 16(-)) Minus 20 AMENDM OR Independent Ktorius CIR Application Size Fee (3) CFR 1 16(5)) FIRST PRESENTATION OF AND THREE DEPENDENT CLARA (DECENT FICE) 25. 10161 LOTAL 4ft LIFE AUDIEFEE (Ctiumn 1; (Column). CLAIMS HIGHEST RELAMINITY 0 NUMBER PRESERT BAY G. FLATE (SI ADDI AFTER PREVIOUS: E ITEL TERRAL MENDME TICHIA: PAILIFOR FLE (S. FEE (S: Total more cup AMENDM - 30, Independent OP. Application Size Fee (3? CFR 1 16) FIRST PHESCHIA FRANCIA CON FOR SON, E CONFORMON SCAME CONTRACTOR

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This collection of information is required by 27 CFR 1.16. The information is required to 1000 and the information is required to 27 CFR 1.16. The information is required to 1000 and ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria. VA 27313-1450.

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^{*} If the entry in column 3 is less than the entry in column 2, write 3, in incline 3

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